

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031261

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 558

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Perche</u>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 miles Northwest of</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 miles N. E. Hinton</u>	
3. NAME OF DECEASED <u>Hinton</u> (Type or print)		4. DATE OF DEATH Month <u>8</u> Day <u>11</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/29/1896</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10. BIRTHPLACE (City and state or country) <u>Boone County, Mo.</u>	11. CITIZEN OF WHAT COUNTRY <u>USA</u>
12a. FATHER'S NAME <u>C. P. Caldwell</u>		12b. MOTHER'S MAIDEN NAME <u>Annie Lewis</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		16. INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>		DUE TO (c) <u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Depressive reaction, Hysterectomy 1950 for cancer</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fall, onset of cardiac attack, injuring face</u>	
20c. TIME OF INJURY Hour <u>2:50</u> m. <u>a.m.</u> Month, Day, Year <u>8/12/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Columbia</u>	
20g. COUNTY <u>Boone</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>March 5, 1963</u> to <u>August 10, 63</u> and last saw her alive on <u>Aug. 10, 1963</u> Death occurred at <u>2:55p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. Lachance M. L.</u>		22b. ADDRESS <u>110 West Sneed CENTRALIA Mo</u>	
22c. DATE SIGNED <u>8/12/63</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/13/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dripping Springs Cemetery Boone County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 13 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 0100
2 0100
3
4 1
5 1
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7 0
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9 4200F
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12 90-0
13 3-0

OCT 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lyman Spunkle*

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.